



HEALTHCARE SERVICES EMPLOYEES' UNION

HARDSHIP GRANT APPLICATION

The HSEU Hardship Grant is a one-off claim per calendar year which aims to provide assistance to union members in the event that the member or member as a caregiver suffers hardship arising from one of the following circumstances which is of non-industrial nature:

- a) Chronic medical conditions
- b) Any incidences that cause hardship

ELIGIBILITY CRITERIA FOR HSEU HARDSHIP GRANT

To apply, members must meet **ALL** the following criteria:

- a) An existing HSEU member, preferably with at least 6 months of continuous paid-up membership fees at the point of application
- b) Must not be in receipt of benefits from U CARE Hardship Grant for the same justification/reasons as per this application
- c) Total monthly Gross Household Income (GHI) of **\$3,800 and below**; OR Per Capita Income (PCI) of **\$950 and below**.*

**Members who do not meet the income criteria may have their application assessed on a case-by-case basis*

Note: Members can only submit a maximum of one application per calendar year. However, should further help be required, the application will be considered on a case-by-case basis. Members must submit their application and all relevant documents within 3 months of occurrence of the incident.

SUPPORTING DOCUMENTS REQUIRED

Verification Purpose	Type of Documents	Checklist for You
NRIC/FIN/Birth Cert	Photocopy of NRIC/FIN/Birth Cert of applicant and the rest of family members staying in the same household	<input type="checkbox"/>
INCOME / SALARY <i>For Salaried Employees (except full-time NS Men)</i>	Applicant: photocopy of any payslip in the past 3 months	<input type="checkbox"/>
	Family members: photocopy of any payslip OR CPF Contribution History for past 3 months	<input type="checkbox"/>
INCOME / SALARY <i>For Self-Employed or Freelancers or Commission based or Unemployed (except full-time students & retirees)</i>	CPF Contribution History for the past 3 months OR Latest IRAS Notice of Assessment	<input type="checkbox"/>

<p>DOCUMENTS SUPPORTING HARDSHIP</p>	<ul style="list-style-type: none">• Hospital Bills• Medical Memo• Retrenchment letter / Notice of pay reduction• Divorce certificate• Prison visit card/ Notification from Singapore Prison Service• Death certificate• Adoption letter• Police report• Any other documents, if applicable <p><i>Only attach the <u>relevant documents</u> to support your claim</i></p>	<p>□</p>
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SECTION A: PARTICULARS OF UNION MEMBER (Tick if applicable)

FULL NAME (CLAIMANT):		NRIC:	
CONTACT NUMBER:		DATE OF BIRTH:	
HOME ADDRESS:		POSTAL CODE:	OCCUPATION:
GROSS MONTHLY SALARY (Includes allowances & overtime): S\$ _____	MEMBER WORKING AT THE POINT OF APPLICATION: <input type="checkbox"/> YES <input type="checkbox"/> NO IF MEMBER STOPPED WORKING, PLS STATE DATE OF LAST WORK:		MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED

NAME OF EMPLOYER / INSTITUTION:

AIC ALEXANDRA HOSPITAL ALPS AMKCH CGH IHIS FPH IMH JHC KKH
 KTPH NCC NDC NHC NHGD NHGP NHGHQ NNI NSC NTUC HEALTH
 NUH NUP RH SGH SHP SINGHEALTH HQ SKH SNEC TTSH WHC 1FSS

Others, please specify: _____

SECTION B: SUPPORTING DETAILS FOR APPLICATION (Tick if applicable)Details of Hardship & Cause:

Chronic medical conditions Any incidences that cause hardship

SECTION C: DECLARATION FROM APPLICANT

1. I, the undersigned, declare that the information stated in this application form is true and correct, and that I have not willfully withheld any material fact.
2. I acknowledge that I may be required to furnish other supporting documents for verification and audit purposes.
3. I declare that I am the only applicant submitting for my family and that we have not made any similar application for the U CARE Hardship Grant.
4. I understand that the decision made by HSEU on the outcome of this application shall be final.

Collection, Use and Disclosure of Personal Data

1. I consent to the collection, use and retention of my personal data by the Healthcare Services Employees' Union ("HSEU") for the purposes of:
 - (a) verifying and updating my membership status and/or information which I have provided in this application form; and
 - (b) processing, administering and managing my HSEU Hardship Grant Application.
2. I further declare that I have obtained the consent of my family members for the collection, use, disclosure and retention of their personal data for the purposes of processing my application for the HSEU Hardship Grant.
3. I acknowledge that the collection, use and/or disclosure of my NRIC/FIN number and that of my family members' NRIC/FIN/BC numbers, as required in this application form, is necessary to accurately establish our identities to a high degree of fidelity in relation to my application for the HSEU Hardship Grant.
4. I will inform HSEU immediately of any changes to my contact details and/or personal data in order for HSEU to contact me for all matters relating to the application form.
[Please email hseu@ntuc.org.sg in the event of change(s) to contact details or personal data]
5. I consent to be contacted by HSEU via email, text messages, telephone calls and/or post for matters related to my application for the HSEU Hardship Grant and other membership matters, as well as to obtain my opinion/feedback on such matters.
6. I consent to the disclosure of my personal data and/or that of my family members, by HSEU to its authorised third parties, for the latter to collect, use and retain my and/or my family members' personal data for the purposes of processing, administering and managing my application for the HSEU Hardship Grant and for audit purposes.

For enquiries on personal data protection matters, please email to dpo@ntuc.org.sg.

For submission and all other enquiries, please email to hseu@ntuc.org.sg.

Signature of Applicant

Date

FOR OFFICIAL USE ONLY

TO BE COMPLETED BY BRANCH COMMITTEE	
1. The monthly gross household income: S\$_____ ; per capita income: S\$_____	
2. Date member joined the union: ____/____/____	
3. Membership tenure as at point of application: ____ years ____ months	
THE BRANCH COMMITTEE HEREBY RECOMMEND/ DO NOT RECOMMEND THE HSEU HARDSHIP GRANT APPLICATION BASED ON THE FOLLOWING REASONS:	
_____ Signature of Branch Chair/Vice Chair/Secretary	_____ Date

HSEU HARDSHIP GRANT APPROVAL
SUPPORTED BY WELFARE CHAIRPERSON/SUBCOMMITTEE:
<input type="checkbox"/> YES <input type="checkbox"/> NO
QUANTUM AWARDED: S\$
SIGNATURE & DATE:
APPROVAL BY EXCO:
<input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE OF GENERAL SECRETARY/EXECUTIVE SECRETARY & DATE:
HEALTHCARE SERVICES EMPLOYEES' UNION NO. 3 BUKIT PASOH ROAD #02-00 SINGAPORE 089817 TEL: 6222 1227 FAX: 6222 6683 EMAIL: hseu@ntuc.org.sg WEBSITE: www.hseu.org.sg